

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032259

8523

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED SEP 10 1962

Primary Registration District No.

1003

Registrar's No.

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>				Length of stay in 1b <u>3 1/2 mos</u>		c. CITY OR TOWN <u>MEHLVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4159 PRESCENT ACRES</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>BAUMUNK</u> Last <u>BAUMUNK</u>				4. DATE OF DEATH Month <u>AUG</u> - Day <u>31</u> Year <u>1962</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN-22-1911</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR* Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INDUSTRIAL ENG.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ALCO VALVE CO.</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN BAUMUNK</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE KLEIN</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERTA BAUMUNK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>ALBERTA BAUMUNK</u> Address <u>4159 PRESCENT ACRES MEHLVILLE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma of Penis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma metastases to lymph nodes</u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>179.0</u>			
20c. TIME OF INJURY Hour <u>10:45</u> a.m. Month, Day, Year <u>May 2, 1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>MEHLVILLE MO</u>	
21. I attended the deceased from <u>May 2, 1962</u> to <u>Aug 31, 1962</u> and last saw her/him alive on <u>Aug 31, 1962</u> Death occurred at <u>10:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Frank G. Snyale M.D.</u>				22b. ADDRESS <u>6500 Chippewa St.</u>		22c. DATE SIGNED <u>9/26/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>SEPT-3-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST PAUL CEMETERY</u>		23d. LOCATION (City, town, or county) <u>MEHLVILLE MO</u>	
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 4 1962</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.